

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS364AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEALTHY HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1812 STARBUCK DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28381</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/17/2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for eight Residential Facility beds for elderly or disabled persons and/or persons with mental illnesses and/or persons with mental retardation, and/or persons with chronic illnesses, Category 2 residents. The census at the time of the survey was seven. Seven resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 273 SS=F	<p>449.2175(4) Service of Food - Special Diets</p> <p>NAC 449.2175</p> <p>4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a</p>	Y 273		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 273	Continued From page 1  physician or dietitian are kept on file for at least 90 days.  This Regulation is not met as evidenced by: Surveyor: 28381 Based on observation on 11/17/09, the facility failed to provide a diabetic diet to 2 of 2 residents ordered a special diet (Resident #5 and #6)  Severity: 2      Scope: 3	Y 273			
Y 321 SS=F	449.220(2)(a)(b) Bedroom Doors - Single Motion Locks  NAC 449.220 2. A bedroom door must not be equipped with a deadbolt lock or chain stop unless the door opens directly to the outside of the facility. The doors of a bedroom and the doors of the closets in the bedroom may be equipped with locks for use by residents if: (a) The doors may be unlocked with a single motion from inside the bedroom or closet without the use of a key. (b) The doors of the bedrooms may be unlocked from outside the room and the keys are readily available at all times.  This Regulation is not met as evidenced by: Surveyor: 28381 Based on observation on 11/17/09, the facility failed to ensure the locks on 5 of 6 bedroom	Y 321			

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Y 321	Continued From page 2  doors could be opened with a single motion.  Severity: 2    Scope: 3	Y 321		
Y 356 SS=F	449.222(6) Bathrooms and Toilet Facilities  NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.  This Regulation is not met as evidenced by: Surveyor: 28381 Based on observation on 11/17/09, the facility did not ensure the locks on 3 of 3 bathroom doors could be opened with a single motion.  Severity: 2    Scope: 3	Y 356		

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